

SPRINGS 3.0-000001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of
Kutchmarek et al.

Application No. 09/245,596

Filed: February 5, 1999

For: CUTTING APPARATUS FOR
WINDOW COVERINGS AND
METHODS THEREFOR

Group Art Unit: 3724

Examiner: S. Choi

Date: June 13, 2000

Assistant Commissioner for Patents
Box CPA
Washington, D.C. 20231

LETTER TO OFFICIAL DRAFTSMAN

Sir:

Subject to the approval of the Examiner handling this application, please amend the drawings currently on file as indicated in the enclosed red-marked print of Figs. 1, 2A, 2B, 4A, 4B and 7A-7C. In addition, please add new Fig. 5D which Applicants are adding in response to an objection of the Examiner set forth in paragraph 5 of the Office Action mailed June 13, 1999.

Please substitute the enclosed informal drawings (which incorporate the requested change) for the drawings currently on file. After the Examiner has approved the requested amendment to the drawings and the addition of new Fig. 5D, Applicants will submit a new set of formal drawings incorporating the authorized changes.

If there are any additional charges in connection with this requested amendment, the Examiner is authorized to charge the same to our Deposit Account No. 12-1695.

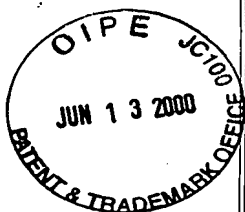
Respectfully submitted,

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Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PAID FOR	NUMBER OF EXTRA CLAIMS	RATE	ADDL. FEE
TOTAL CLAIMS	* 35	MINUS **	35	= 0	x \$ 18 = \$	0.00
INDEP. CLAIMS	* 1	MINUS ***	3	= 0	x \$ 78 = \$	0.00
FEE FOR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM(S)					\$260 = \$	0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT.....					\$	0.00

- * If the entry in col. 2 is less than entry in col. 4 write "0" in col. 5.
** If the "highest number paid for" in this space is less than 20, write "20" in this space.
*** If the "highest number paid for" in this space is less than 3, write "3" in this space.

1. ☒ No additional fee is required.
2. ☐ Charge \$ to Deposit Account No. 12-1095. A duplicate copy of this sheet is enclosed.
3. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 12-1095. A duplicate copy of this sheet is enclosed.

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